

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

	(Type or F	Print Clearly)	STATE OF HAWAII
PART I LOBBYIST			ALE ETTHOS SETTINGS
NAME (Last)	(First)	(Middle)	TELEPHONE
Takayama	Linda	Chu	545-3060
MAILING ADDRESS (Street)			FAX 545-1182
PO Box 1196			EMAIL
(City)	(State)		(Zip Code)
Honolulu	HI		96807
EMPLOYING ORGANIZATION (Fill in only if	you are employed by a business en	tity which has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Abbott Laboratories MAILING ADDRESS (Street) 100 Abbott Park Rd., D38L, AP6D-2		TELEPHONE	
		847-937-3930 FAX 847-935-6613	
			EMAIL
		(City)	(State)
Abbott Park	IL	60064	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Dale R. Johnson		847-937-3930	
MAILING ADDRESS (Street)	A - M - M - M - M - M - M - M - M - M -	FAX 847-935-6613	
100 Abbott Park Rd., D38L, AP6D-2		EMAIL	
(City)	(State)	(Zip Code)	
Abbott Park	IL	60064	
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	☐ Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☑ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATIO					
//I hereby ceitify that the	information furnished abov	re is, to the best of my knowle	edge, correct and complete.		
WM (Im 1-15-2013			1-15-2013		
<i>'</i>	(Signature of Lobbyist)		(Date)		

PART V AUTHORIZATION	ON TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED		
Dale R. Johnson Divisional Vice President, State Government Affairs					
NAME OF ORGANIZATION (if ap	oplicable)		TELEPHONE		
Abbott Laboratories			847-937-3930		
MAILING ADDRESS (Street)		FAX 847-935-6613			
┃ <u> </u>		EMAIL			
(City)	(State)		(Zip Code)		
Abbott Park	IL		60064		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
1/11/12					
(Signature of Authorizing Officer or Person Represented) (Date)					
(Olgitatare of Au	unonaing officer of refson repres		(50.0)		

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